

(Please Type Form)

## ALLOCATION REQUEST FORM

Fiscal Year: \_\_\_\_\_ Fund Type: VAWA District: \_\_\_\_\_

AGENCY: \_\_\_\_\_ TITLE OF PROJECT: \_\_\_\_\_  
PERSON COMPLETING FORM \_\_\_\_\_ PHONE#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NEW PROGRAM \_\_\_\_\_ CONTINUATION \_\_\_\_\_ AUTHORIZED OFFICIAL SIGNATURE: \_\_\_\_\_

Submit one paragraph in this section summarizing the goals/objectives of the project. If continuation, please provide statistical information summarizing the past years activities.

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### BUDGET

- 1) **Personnel** New or existing \_\_\_\_\_ (If overtime, please provide rate of pay & number of officers) \$ \_\_\_\_\_  
(List)
  
- 2) **Employee Benefits** (List) (Max of 30% of Personnel amount - List each benefit) \$ \_\_\_\_\_
  
- 3) **Travel (Including Training)** (List) \$ \_\_\_\_\_
  
- 4) **Equipment** (List description, quantity, unit and total price) \$ \_\_\_\_\_
  
- 5) **Supplies & Operating Expenses** (List description, quantity, unit and total price. \$ \_\_\_\_\_  
Basic Office Supplies: \$ \_\_\_\_\_ (Not to exceed 4% of the total federal amount of grant)  
List Others Separately
  
- 6) **Consultants** (List Name and Purpose) \$ \_\_\_\_\_
  
- 7) **Confidential** \_\_\_\_\_ (Provide Details) \$ \_\_\_\_\_

**TOTAL REQUEST** \$ \_\_\_\_\_

**FEDERAL (75%)** \$ \_\_\_\_\_

**MATCH (25%)** \$ \_\_\_\_\_